

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/531,620

FILING DATE

4-13-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11		10				
12		11				
13		12				
14		13				
15		14				
16		15				
17		16				
18		17				
19	1					
20		1				
21		2				
22		3	1			
23		4		1		
24		5		1		
25		6		1		
26		7		1		
27		8		1		
28		9		1		
29		10		1		
30		11		1		
31		12		1		
32		13		1		
33		14		1		
34		15		1		
35		16		1		
36		17		1		
37		18		1		
38		19		1		
39		20		1		
40		21		1		
41		22		1		
42		23		1		
43		24		1		
44		25		1		
45		26		1		
46		27		1		
47		28		1		
48		29		1		
49		30		1		
50		31		1		
TOTAL IND.	2	↓	1	↓		↓
TOTAL DEP.	22	←	20	←		←
TOTAL CLAIMS	24		21			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						